



THE HARTFORD

HARTFORD LIFE INSURANCE COMPANY

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

CONSENT FORM FOR PAYMENT OF LIVING BENEFITS

Policy Number:

Policyholder Name:

Insured's Name:

I _____

the ☐ Assignee ☐ Irrevocable Beneficiary of the policy described above acknowledge that _____

_____ has requested the payment of an accelerated
benefit under his/her certificate.

I hereby consent to the payment of a Living Benefit to _____

_____. I further understand that the payment of a Living Benefit reduces the amount
of insurance payable on the death of _____

by the amount of the benefit paid. By executing this consent I hereby release ☐ The Hartford Life Insurance
Company ☐ The Hartford Life and Accident Insurance Company from any and all liability to the extent of the
Living Benefit Paid.

Signature

Date

Subscribed and sworn before me:

This _____ day of _____, 19 _____

Notary Public